NAME: MARY LYMPHET MRN#: 236-12-3456

ADDRESS:

123 CURATIVE BLVD ACCT#: 11223355 OMA, CA 12345 DOB: 04/01/1926

SSN# 999-99-9991 RACE: B

SEX: F MANAGING MD: DR. L. DIFFUSE

RELIGION: CATH DIAGNOSIS: C200.8

MARITAL STATUS: D PATIENT PHONE# 555-222-1113

EMPLOYER: UNKNOWN EMPLOYER ADDRESS: UNKNOWN

INSURANCE PROVIDER: BC/BS CA

GROUP #: ABC1234

RADIATION SUMMARY

DIAGNOSIS: 200.8 lymphoma (stage IA, diffuse large cell lymphoma)

INTENT: Curative adjuvant

DATES OF TREATMENT: 11/07/06 through 12/20/06 (33 elapsed days)

SITE TREATED: Pelvic adenopathy/mass 45.93 Gy/23 fractions

TECHNIQUE: Three-dimensional consolidative radiation therapy, 4-field, MLC

DOSE: 3.00 Gy x 2 fractions then 2.00 Gy x 20 fractions (partial treatment

of 0.98 Gy on one additional day due to power failure)

COMMENTS: The patient is an 80-year-old lady initially Karnofsky status about 60, presenting with suprapubic pelvic and abdominal pain and subsequent findings of a large pelvic mass, biopsy positive for a diffuse large cell lymphoma. She was found to have hydronephrosis due to ureteral obstruction. She has at this time undergone a course of moderate dose involved field radiation with the goal of relief of local symptoms. Subsequent staging showed no evidence of extra pelvic disease, although the patient has not as of yet had a PET scan. She has tolerated treatments well, with significant decrease in complaints of abdominal pain, and with only some grade 2 proctitis at completion, responding to symptomatic management. The patient is to follow-up with her physician for consideration of systemic management. She is to return for limited follow-up here in 6 weeks with CT scan of abdomen and pelvis.

MEMORIAL HOSPITAL - PATIENT IDENTIFICATION Acsn #	Date First Course of Treatment Date Init Rx
Lymphet Mary	Surgery
_999999991 _236-12-3456 Maiden Name/Alias	Date Surg Prim Site Other Reason No Surg
Address 123 Curative Blvd County County	Date Scope LN Other Reason No Surg
,, ,,,,	Date Surg Prim Site Other Reason No Surg
City/ St Oma _CA Zip + 4 _12345_ Area Code/Phone # 555_/_2221113_	
PT PERSONAL INFO Birthdate _04/_01/_1926 Age _80 Birth Loc _999	OTHER TREATMENT
Sex _2 Race _02_ Hisp Orig _0 Race#2-5 _88_ _88_ _88_ _88_ Insurance _10	Date _11 /_ 07 /2006 Radiation Sum _29 Surg/Rad Seq 0 Reg Rad Rx Modal _32
Spouse Last Name/First Name	Date/
Occup NR Indus NR	Date/
Comments	Date /
SECONDARY CONTACT Phone Relation	PHYS SEQ
	N =
Last Name MI	M = Ref From
Address	R = Add
City	F = Ref To
DIAGNOSIS IDENTIFICATION Seq # 00	2 = Add
Site Pelvic Lymph Nodes Site code C775	3 = Comments:
Histology Diffuse Large Cell Lymphoma Hist code 9680	
Behavior 3 Grade 6 Coding Sys Site CCC Morph CCC Conv flag CCC	PT STATUS Date Last Contact _12/_20/_2006 Vital Stat _1_ CA Status FU Source _0
Laterality _0 Dx Confirm _1 Rpt Src 2 Casef Src _23 Class/Case _2	COD (ICD) ICD Revision
Supporting Text Pelvic lymph node bx-diffuse large cell lymphoma	OVERRIDE FLAGS
DATE INIT DV 00 / 00 / 0000	Age/Site/Morph CCC SeqNo/Dx Conf CCC Site/Lat/SeqNo CCC Site/Type CCC Histol CCC
DATE INIT DX _99/2006 Admit / D/C /	Rept Source CCC III-def Site CCC Leuk,Lymph CCC Site/Beh CCC Site/Lat/Morph CCC
DX EXT OF DIS CS Tumor Sz (mm) _888_ CS Extension 10_ CS T Eval	
#LN exam #LN + CS LN 88_ CS N Eval	Additional Data Census Tract CCC Cen Cod Sys CCC Cen Year CCC Cen Tr Cert CCC
CS Ver 1 st CS Ver Latest CS Mets _88 CS M Eval	NHIA Hisp Orig CCC IHS link CCC Comp Ethn CCC Comp Ethn Src CCC
CS SS Factors #1 #2 #3 #4 #5 #6 #6	Rec Type CCC Unique Pt ID CCC Reg ID CCC NAACCR Rec Ver CCC
Sum Stage Version CCC Derived CCC	
PT N M Stage Descrip Staged By AJCC Ed CCC	
CT N M Stage Descrip Staged By	KEY Data items in Bold are required fields Other data items are optional or "advanced surveillance"
Staging DescripIA	ccc computed field, no manual input Shaded are optional non-NPCR items